



Office of the Clark County Clerk
Lynn Marie Goya

Please Select One:

- ☐ New Application
☐ Renewal of existing Fictitious Firm Name

Certificate of Business: Fictitious Firm Name

Please Print or Type

The expiration date for such certificates shall expire after five years from the date of filing.

The undersigned do/does hereby certify that they are conducting business in Clark County, Nevada, under the

Fictitious Firm Name: _____

Mailing Address: _____

(Mailing Address for notification of renewal)

Mailing Address

City, State, Zip

**Owner (Sole Proprietor or
Registered Legal Entity):** _____

(Must print name exactly as it is registered with the Nevada Secretary of State)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

Signed By: _____
Full Name of Authorized Signer

Signature

Date

Street Address of Business or Residence

City, State, Zip

Signed By: _____
(Use if needed) Full Name of Authorized Signer

Signature

Date

Street Address of Business or Residence

City, State, Zip

By signing above, I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

For additional signatures, please use additional pages

STATE OF _____ }
COUNTY OF _____ } SS:

This instrument was acknowledged before me on _____
(Date)

by _____
(Name of individual(s) whose signature(s) is/are being notarized)

Signature of Notary Public/Deputy Clerk